

# Foster Family Home - Corrective Action Report

Provider ID: 1-561804

Home Name: Marie Angelie Valencia, RN

Review ID: 1-561804-7

94-1128 Halelehua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/2/2020

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with all items due to CTA within 30 days.

6.(d)(1)- see applicable sections of the review

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#4's APS/CAN lapsed on 2/9/19 and renewed on 12/13/19; Ecrim lapsed on 3/23/19 and renewed on 7/31/19.

## Foster Family Home Physical Environment [11-800-49]

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:

49.(b)(1)- No partition/curtain seen in Client #2 and Client #3's bedroom as clients share a room.

## Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- No written authorization/permission from clients/families/POA for a video monitoring devices seen in Client #1, Client #2, and Client #3's charts/binders.

# Foster Family Home - Corrective Action Report

Foster Family Home

Records

[11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- No Medication Administration Record(MAR) initiated for November 2020. One medication does not match medication's label with the doctor's order and the MAR.

Client #2- one medication discontinued by doctor on 12/12/19 had not been discontinued in the Medication Administration Record(MAR) and contained daily initials of caregivers on the MAR. Also no MAR initiated for the month of November 2020. Another medication was not discontinued in the MAR; doctor ordered a different medication which was not transcribed in the MAR- medication is available in client's bin.

Client #3- There were 3 medications that were not available listed in the MAR and with current doctor's orders.

54.(c)(6)- Daily Care Flowsheet for Client #1 was last signed on 10/28/2020, no November 2020 flowsheet seen in client's binder.

Client #2- November 2020 Daily Care Flowsheet not seen in client's binder.

Client #3- No Daily Care Flowsheet seen in client's binder/chart for the past 12 months

*Shawkel N. Nkomo, RN*

Compliance Manager

*[Signature]*

Primary Care Giver

*[Signature]*

Date

Date

11/2/2020

11/2/2020

CTA RN Compliance Manager: Maribel Nakamine

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Marie Angelie Valencia

(PLEASE PRINT)

CCFFH Address: 94-1128 Halelehua Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a) (1), (2)	CG#2 showed the current APS/CAN of CG#4 to CTA Compliance Manager during CCFFH inspection. Result was filed in the CCFFH binder.	11/5/20	CCFFH will use a wall calendar to record all due dates 2 months in advance to prevent future lapses.
49.(b) (1)	Installed a curtain in between Client #2 and Client #3 to provide privacy.	11/5/20	CCFFH will maintain the curtain in clients' shared room to provide privacy.
53.(b) (9)	CG#1 obtained a written authorization from each clients' POAs/Families for the video monitoring in Client #1, Client #2, and Client #3's bedrooms. Signed authorization was filed in each client's charts/binders.	11/5/20	In the future, CCFFH will obtain a written permission prior to installing a monitoring device in client's bedrooms.
54.(c) (5)	CG#1 notified CMA RN, MD, and Pharmacy to assist in correcting the medication discrepancies for Client #1, Client #2, and Client #3.	11/9/20	In the future, all caregivers will double check all new medications against the doctors' orders, medications labels, and Medication Administration Records. If anything doesn't match, CG#1 will contact MD, CMA RN, and or Pharmacy.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 11/16/20

☒ CTA has reviewed all corrected items

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Marie Angelie Valencia

(PLEASE PRINT)

CCFFH Address: 94-1128 Halelehua Street, Waipahu, HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (6)	CG#1 initiated a new Daily Care Flowsheet for Client #1, Client #2, and Client #3. Flowsheets were filed in each client's binder/chart.	11/9/20	In the future, all caregivers will timely chart/sign the client's Daily Careflowsheet after performing each tasks.

☒ All items that were fixed are attached to this CAP

PCG's Signature: \_\_\_\_\_

Date: 11/14/20

☒ CTA has reviewed all corrected items